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## TELECOPY/FACSIMILE

To: Company:  
Mark J. Consilvio, Examiner USPTO  
Art Unit 2872Fax Number:  
+1.571.273.8300

Tel Number:

From: Lawrence J. McClure, Ph.D.

For internal purposes only:

Date: September 11, 2006

Client number: 81870.0027

Time:

Attorney billing number: 1966

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Confirmation number: Return Fax to Diane Zynn

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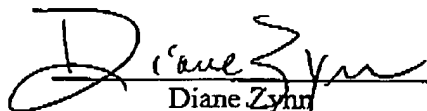
## MESSAGE:

RE: U.S. Patent Application Serial No.: 10/758,692, Our Ref. 81870.0027

I hereby certify that the following documents:

- Amendment
- Amendment Transmittal

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

September 11, 2006  
Date of Deposit  
Diane Zynn

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michifumi SHODA, et al.

Serial No: 10/758,692

Confirmation No.: 4963

Filed: January 15, 2004

For: OPTICAL ISOLATOR ELEMENT, A METHOD FOR  
PRODUCING SUCH AN ELEMENT, AND AN  
OPTICAL ISOLATOR USING SUCH AN ELEMENT

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Art Unit: 2872

Examiner: Mark J. Consilvio

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P.O. Box 1450  
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September 11, 2006

Date of Deposit

Diane Zynn

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Signature

09/11/06  
Date

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	13	-20	21 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	3	-3	6 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
Independent Claims: 3, 11, 12						TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$ -0- for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☐ Please charge the fee of \$ -0- for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure  
Registration No. 44,228  
Attorney for Applicant(s)

Date: September 11, 2006

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Facsimile: 213 337-6701

Appl. No. 10/758,692  
Amdt. Dated September 11, 2006  
Reply to Office Action of June 13, 2006

Attorney Docket No. 81870.0027  
Customer No.: 26021

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In re application of:  
Michifumi SHODA et al.

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For: OPTICAL ISOLATOR ELEMENT, A  
METHOD FOR PRODUCING SUCH  
AN ELEMENT, AND AN OPTICAL  
ISOLATOR USING SUCH AN  
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Art Unit: 2872

Examiner: Mark J. Consilvio

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Name

Signature

09/11/06  
Date

AMENDMENT

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 13, 2006, please amend the  
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on  
page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.